

IEAO Membership Form

To be returned to: Mariead Gill, 10 Glenalua Terrace, Killiney, Co Dublin.

(TO BE COMPLETED IN BLOCK CAPITALS – EXCEPT FOR THE SIGNATURE FIELDS)

Full Name(s):-

Full Postal Address:-

Home Phone Number(s) / Mobile Phone Number(s):-
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Email Address(es):-

Criteria for Membership (please circle the most appropriate answer):-

<i>YES / NO</i>	<i>YES / NO</i>	<i>YES / NO</i>
Any person, couple or family domiciled in Ireland <u>who have already adopted</u> a child / children from Ethiopia.	Any person, couple or family domiciled in Ireland <u>who intend to adopt</u> a child /children from Ethiopia.	Any person over the age of 18 years <u>who has been adopted</u> from Ethiopia and who is domiciled in Ireland.

Where the “applicant” is just intending (at this stage) to adopt from Ethiopia – then please furnish details in relation to the application. Membership can only be granted where the applicant has completed, returned and being acknowledged receipt by the Health Board of their application form.

Name of HSE Area (Old Health Board) to which the application was addressed:-

Stage of the adoption process at which the applicant is currently going through:-

(Please tick the most appropriate box)

Initial Application sent to HSE	[]
Group Sessions	[]
Home Assessment	[]
Awaiting Declaration	[]

Payment Details:-

Annual subscription:- Calendar Year = €50 / family

Cheques should be made payable to:- “Irish Ethiopian Adoption Organisation” or “IEAO” but not to a named individual.

Subscriptions are renewable in January every year – where members choose not to renew or where payment is not received by the 1st March each year, then the person / family shall be no longer regarded as members and their name shall be removed from the “Register of Members”. Access to the IEAO Yahoo Group and IEAO Web Site will also cease.

Please note that all subscriptions are non-refundable.

Please note:-

Your “contact details” only will be made available to other members on the “Register of Members” for the purposes of networking etc. Contact details will not be distributed to any person or organization whatsoever.

Signature(s):-

I / we declare that the information provided above be a fair and true representation of the facts.

Date:- _____

Date:- _____